

Appendix 4:

Field Level Hazard Assessment – FLHA (Client Sites)

Field Level Job Hazard Assessment (FLHA)

This purpose of this assessment is to identify 'day-of-the-job' hazards associated with work tasks, to ensure hazards are controlled prior to starting work. Complete this assessment prior to the start of each new service request or when conditions of work have changed. Always check the condition of all tools and equipment as well as your work area for hazards *prior to* starting work.

WORK LOCATION:

WORK CREW:

DESCRIPTION OF JOB OR TASK:

SUPERVISOR IN CHARGE:

CELL:

ASSESSMENT DATE (D /M /Y):

COMPLETED BY:

POTENTIAL HAZARDS: Check all that apply and add others as required.

<input type="checkbox"/> Confined space	<input type="checkbox"/> Extreme heat / cold	<input type="checkbox"/> Mold	<input type="checkbox"/> Obstructions	<input type="checkbox"/> Fall hazards
<input type="checkbox"/> Working alone	<input type="checkbox"/> Noise	<input type="checkbox"/> Electrical	<input type="checkbox"/> Slip/trip hazards	<input type="checkbox"/> Unsafe tools/equipment
<input type="checkbox"/> Awkward postures or lifting	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Lighting	<input type="checkbox"/> Mechanical	<input type="checkbox"/>
<input type="checkbox"/> Hazardous gases/dusts/chemicals	<input type="checkbox"/> Sharp objects	<input type="checkbox"/> Animal droppings	<input type="checkbox"/> Entrapment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION:

HAZARD CONTROLS: Check all that apply and add additional controls in the available space.

Lock out/tag out procedure	<input type="checkbox"/>	Mechanical ventilation	<input type="checkbox"/>
Hard hat	<input type="checkbox"/>	Ladders for safe access and egress	<input type="checkbox"/>
Protective gloves	<input type="checkbox"/>	Mechanical aids (dolly etc.)	<input type="checkbox"/>
Respirator	<input type="checkbox"/>	Atmospheric testing	<input type="checkbox"/>

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HAZARD CONTROLS: Check all that apply and add additional controls in the available space.			
Eye protection	<input type="checkbox"/>	Emergency or rescue procedure	<input type="checkbox"/>
Protective footwear	<input type="checkbox"/>	Scaffolds (inspected and tagged)	<input type="checkbox"/>
Hearing protection	<input type="checkbox"/>	Work permit	<input type="checkbox"/>
Coveralls	<input type="checkbox"/>	Additional training	<input type="checkbox"/>
Pedestrian barricades	<input type="checkbox"/>	Machine guarding	<input type="checkbox"/>
Stand by worker	<input type="checkbox"/>	Check in protocol with office or CSO	<input type="checkbox"/>
Confined space entry procedures	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>
Additional lighting (e.g. flashlight)	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>
Communication device	<input type="checkbox"/>		<input type="checkbox"/>
Hazard tape required	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Additional Information or Comments:			
Job Completion <input type="checkbox"/> Any permits issued closed <input type="checkbox"/> Any remaining hazards <input type="checkbox"/> Area has been cleaned up end of task/shift <input type="checkbox"/> Were there any incidents or injuries		Please explain here if relevant 	
Name and signature of person supervising work 		Reviewed by CSO or person allocating work 	

OFFICE ONLY: ANY FOLLOW UP ACTION